FARI D - PEE(O) IRANOMILLIME

Complete and send this form, together v

applicable fee(s), to: Mail

Mail Stop ISSUi DE Commissioner fo. Aatents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000

INCTRICATIONS, This C.	i di inii ba inad faa sii	tutica di reco			740-4000				
INSTRUCTIONS: This for appropriate, All further cor- indicated unless corrected to maintenance fee notification	15.			fication of main new correspon	i FEE (if requirements)	vill be mailed; and/or (b) i	i through 5 s i to the current indicating a sep	hould be completed where correspondence address his mate "FEE ADDRESS" for	
CURRENT CORRESPONDENC 25533 75	any change of subfress)	PEG	Note: / Fee(s) papers. have its	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
0228-32-LAW		MAR 2	É	I hereb States I address transmi	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposite States Postal Service with sufficient postage for first class in addressed to the Mail Stop ISSUE FEE address above, or transmitted to the USPTO (703) 746-4000, on the date indical				
		W. T.	THADEMARKS.		Valerie L.			(Depositer's name).	
		TH	Allem	Lual	Valerie L.		yer	(Signature)	
				3	129/2	005'	1	(Dole)	
APPLICATION NO.	FILING DATE		FIRST NAME	INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/771,861	02/03/2004		Kazuo	Ando		PC:	5960D	3504	
TITLE OF INVENTION: SU	JLFONYLBENZENE COM	IPOUNDS AS AN	ITI-INFLAMI	MÁTORY/ANA	LGESIC AGE	NTS			
APPLN.TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICAT	TION FEE	TOTALE	EE(S) DUE	DATE DUE	
nonprovisional	NO	\$140		\$30	00	L	700	04/18/2005	
EXAM	INER	ART UNIT		CLASS-SU	CLASS-SUBCLASS				
PATEL, SUI	OHAKER B	1624	1624 514-183			,			
I. Change of correspondence CFR 1.363).	address or indication of "Fe	e Address" (37		ting on the pater			Mara I	Hogley	
Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, aliematively,						
"Fee Address" indicate	ian (ar "Fee Address" Indica	tion firm	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to				G. MUNCANOI		
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent atterneys or agents. If no name is 3Peter Richardson listed, no name will be printed.					lichardson	
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	(print or type)	-				
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.									
(A) NAME OF ASSIGNE				E: (CITY and S					
Pfizer, Inc	•		New Y	ork, New	Yorko				
Please check the appropriate assigned category or categories (will not be printed on the patent):									
4a. The following fee(s) are			. Payment of I			·•	*		
☑ A check in the amount of the fee(s) is enclosed.									
Publication Fee (No small entity discount permitted)									
Advance Order - # of Copies									
5. Change in Entity Status (a. Applicant claims SM	from status indicated above IALL ENTITY status, See 3)							
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.									
Authorized Signature	11 11	roduct.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Date	3/16/	05		

This collection of information is required by 37 CFR 1:311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents; P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

r	101-03	(KCV	. 12/04) App	rovea jor us	ie unrough 04/30.	2007
۸5	LHUND	CHI	00000107	210718	10771861	

Typed or printed name Karen DeBenedictis

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Registration No. _32,977

|03/30/2005 LWONDIM2 00000107 210718

01 FC:1501 02 FC:1504 1400.00 DA 300.00 DA MAR 2 9 2005

PTO/SB/17 (10-03)
Approved for use through 07/31/2006, OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1

FEE TRANSMI for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

Name (Print/Type)

Signature

Mary J. Hosley

Mous

(\$) 1	30.0
--------	------

Complete if Known				
Application Number	10/771861			
Filing Date	February 3, 2004			
First Named Inventor	Kazuo Ando			
Examiner Name	Sudhaker B. Patel			
Art Unit	1624			
Attorney Docket No.	PC9960D			

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
Check Credit card Money Other None	3. ADDITIONAL FEES					
Deposit Account:	Large	Entity	Small	Entity	,	
Docasit	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	E D.14
Account Number 21-0718	1051	130	2051	• • •	Surcharge - late filing fee or oath	Fee Paid
Deposit The C	1052	50	2052		Surcharge - late provisional filing fee or	
Name Pharmacia & Upjonn Company					cover sheet	
The Director is authorized to: (check ell that apply)	1053 1812	130 2,520	1053		Non-English specification For filing a request for ex parte reexamination	
Charge fee(s) indicated below Credit any overpayments	1804	920*	1804	•	Requesting publication of SIR prior to	
Charge any additional fee(s) or any underpayment of fee(s)	1004	920	'***	820	Examiner action	
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month	
1. BASIC FILING FEE	1252	420	2252	210	Extension for reply within second month	
Large Entity Small Entity	1253	950	2253	475	Extension for reply within third month	—
Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension for reply within fourth month	
1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension for reply within fifth month	
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Appeal .	
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brief in support of an appeal	
1004 770 2004 385 Reisaue filing fee	1403	290	2403	145	Request for oral hearing	<u> </u>
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
SUBTOTAL (1) (\$)0.00	1452	110	2452	55	Petition to revive - unavoldable	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1,330	2453		Petition to revive - unintentional	
Fee from		1,330	2501		Utility issue fee (or reissue)	
Extra Claims below Fee Paid Total Claims .20** =0 x \$0.00 = \$0.00	1502	480	2502		Design issue fee	
Independent - 3** = 0 x \$0.00 = \$0.00	1503 1460	640 130	2503 1460		Plant issue fee Petitions to the Commissioner	
Multiple Dependent \$0.00 = \$0.00	1807	50	1807			-
Large Entity Small Entity	1806	180	1808		Processing fee under 37 CFR 1.17(q) Submission of Information Disclosure Stmt	
Fee Fee Fee Fee Description Code (\$) Code (\$)	ł				Recording each patent assignment per	
1202 18 2202 9 Claims in excess of 20	8021	40	802 ⁻		property (times number of properties)	
1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	For each additional invention to be	
1204 86 2204 43 ** Reissue Independent claims over original patent	1801	770	2801	385	examined (37 CFR 1.129(b))	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802	900	· · ·	
	Other	fee (so	ecify) (Гегт	inal Disclaimer	130.00
SUBTOTAL (2) (\$) 0.00	l				ee Paid SUBTOTAL (3) (\$) 130	
SUBMITTED BY			===		(Complete (if epplicable))	.00

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTC-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The Information Is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Tracemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Registration No.

48,324

Telephone 269.833.0975

L 2005

Date

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.